## STREET/LANE CLOSURE NOTICE



## EMAIL COMPLETED FORM TO PSPERMITS@WDM.IOWA.GOV.

## NOTE: 48 hour notice required on all Street/Lane Closures

Street Name:	From:	То:	
Closure Date:	Est. Length of Closure: (mm/dd/yy	d/yy) Detour Required: Yes No	
Reason for Closure:			
Company Responsible for Closure:	Contact:	Phone #:	Fax #:
Barricade Company:	Contact:	Phone #:	Fax #:
Primary Contractor of Work:	Contact:	Phone #:	Fax #:
Will contractor be excavating in the r Yes No	right-of-way? Street Exca		in Permit #:
KETCH CLOSURE LOCATION (if re Check here if sketch is attached			
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